SENDER: COMPLETE THIS SECTION	
Casecimplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Page 1 of 1
item 4 if Restricted Delivery is desired.	A. Signature
Print your name and and desired.	
so that we can return the card to you.	Eskets Changer Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by / Printed At Addressee
1. Article Addressed to Carlo	The of Delivery
00058577	D. Is delivery address different from item 1? Yes
1	If YES, enter delivery address below:
Lamar Glover	
40 Holden Country	-
Go Howston County Theriff 150 Price	3. Service Type
112 N. Cates street	Certified Mail
Dill Cates Street	Registered Receipt for Manual
12 Attich No. 13 6307	Insured Mail C.O.D.
Autora Millioek	3. Restricted Delivery? (Extra Fee)
PS Form 3811	LO 000F 7048 0F40
	.0 0040
The second secon	-1540
	AND THE PROPERTY OF THE PROPER